

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH										-62-006716	
DEPARTMENT OF PUBLIC HEALTH AND WELFARE										STATE FILE NUMBER	
Registration District No. <u>149</u> Primary Registration District No. <u>1002</u> Registrar's No. <u>1020</u>											
FILED MAR 7 1962											
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>					2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Platt</u>						
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kansas City</u>			Length of stay in 1b <u>2 days</u>		c. CITY OR TOWN <u>Parkville</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Research Hospital</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>R. R. #2 Box 32</u>			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First <u>Minnie</u> Middle <u>S.</u> Last <u>Sparks</u>					4. DATE OF DEATH Month <u>Feb.</u> Day <u>19</u> Year <u>1962</u>						
5. SEX <u>Female</u>		6. COLOR OR RACE <u>white</u>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>11/28/1896</u>		9. AGE (last birthday) <u>65</u>		IF UNDER 1 YEAR Months <u> </u> Days <u> </u>	
										IF UNDER 24 HR Hours <u> </u> Min. <u> </u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>-----</u>		11. BIRTHPLACE (City and state or country) <u>Agra, Oklahoma</u>			12. CITIZEN OF WHAT COUNTRY <u>USA</u>		
13a. FATHER'S NAME <u>John J ones</u>				13b. MOTHER'S MAIDEN NAME <u>Hettie Hendrickson</u>			14. NAME OF HUSBAND OR WIFE <u>Oliver R. Sparks</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>				16. SOCIAL SECURITY NO. <u> </u>		17. INFORMANT Address <u>Oliver Sparks Parkville, Mo.</u>					
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Thrombosis of the mesenteric Vessels of the Terminal Ileum, Cecum and ascending colon</u> DUE TO (b) <u>Atherosclerotic Occlusion of the abdominal aorta</u> DUE TO (c) <u>General vascular Sclerosis</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Melena - Anemia and Shock</u> PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown											
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u> </u>							
20c. TIME OF INJURY Hour <u> </u> Month <u> </u> Day <u> </u> Year <u> </u> p.m. <u> </u>											
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u> </u>		20f. CITY, TOWN, OR LOCATION <u> </u>				COUNTY <u> </u>		STATE <u> </u>	
21. I attended the deceased from <u>April 10 - 1960</u> to <u>Febr. 19 - 1962</u> and last saw her alive on <u>Febr. 18 - 1962</u> Death occurred at <u>5:00 a.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.											
22a. SIGNATURE <u>Graham Asher M.D.</u>				(Degree or title)				22b. ADDRESS <u>1220 Professional Bldg. Kansas City 6 - Mo.</u>		22c. DATE SIGNED <u>2-19-62</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>2/21/62</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Cemetery</u>			23d. LOCATION (City, town, or county) <u>Kansas City, Mo.</u>			(State)	
24. FUNERAL DIRECTOR <u>Earp & Sons</u>				ADDRESS <u>Kansas City, Missouri</u>		25. DATE RECD. BY LOCAL REG. <u>2-20-62</u>		26. REGISTRAR'S SIGNATURE <u>Ruth Long</u>			

AMENDED

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

149

1002

1020

FILED MAR 7 1962

1. PLACE OF DEATH

a. COUNTY

Jackson

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Platt

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR TOWN

Kansas City

Length of stay in 1b

2 days

c. CITY OR TOWN

Parkville

Inside Limits

Yes

No

c. FULL NAME OF HOSPITAL OR INSTITUTION

Research Hospital

Inside Limits

Yes

No

d. STREET ADDRESS (If outside, give location)

R. R. #2 Box 32

Reside on Farm

Yes

No

3. NAME OF DECEASED (Type or print)

First

Minnie

Middle

S.

Last

Sparks

4. DATE OF DEATH

Month

Feb.

Day

19

Year

1962

5. SEX

Female

6. COLOR OR RACE

white

7. Married

Never Married

Widowed

Divorced

8. DATE OF BIRTH

11/28/1896

9. AGE (last birthday)

65

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

Agra, Oklahoma

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

John J ones

13b. MOTHER'S MAIDEN NAME

Hettie Hendrickson

14. NAME OF HUSBAND OR WIFE

Oliver R. Sparks

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Oliver Sparks Parkville, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Thrombosis of the mesenteric Vessels of the Terminal Ileum, Cecum and ascending colon

DUE TO (b)

Atherosclerotic Occlusion of the abdominal aorta

DUE TO (c)

General vascular Sclerosis

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Melena - Anemia and Shock

PART III. If deceased was female was there a pregnancy in last 90 days.

Yes

No

Unknown

19. WAS AUTOPSY PERFORMED?

YES

NO

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

Month

Day

Year

p.m.

20d. INJURY OCCURRED WHILE AT WORK

NOT WHILE AT WORK

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

April 10 - 1960

to

Febr. 19 - 1962

and last saw her alive on

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Death occurred at

5:00 a.m.

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

Graham Asher M.D.

(Degree or title)

22b. ADDRESS

1220 Professional Bldg. Kansas City 6 - Mo.

22c. DATE SIGNED

2-19-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

2/21/62

23c. NAME OF CEMETERY OR CREMATORY

Memorial Park Cemetery

23d. LOCATION (City, town, or county)

Kansas City, Mo.

(State)

24. FUNERAL DIRECTOR

Earp & Sons

ADDRESS

Kansas City, Missouri

25. DATE RECD. BY LOCAL REG.

2-20-62

26. REGISTRAR'S SIGNATURE

Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed William H. Carpenter

Licensed Embalmer No. 4728

P. O. Address H. C. Moore

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.